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LADO supervision agenda

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| **Name of Supervisee** |  |
| **Name of Supervisor** |  |
| **Date of Supervision** |  |
| **Agreed agenda** **Should be created by both supervisor and supervisee.**  |  |
| **Brief record of issues discussed** | **Actions agreed and by whom and timeframe** |
| **Check in** – How are you? Wellbeing/Impact of Work on Staff Member (including Health) |
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| **Review of actions from last supervision** |
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| **Workload and performance management e.g.*** Overall workload (consider scaling question to understand impact of workload on worker - see note 2 for example)
* Case work (check last Management Oversight decisions and last case supervision record on each case discussed.)
* Project work (if appropriate)
* Data performance issues
* Practice/Performance issues
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| **Reflection on practice e.g. reflection on issues that impact on individual – could be challenges experienced, personal impact (Motivational Interviewing)** |
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| **Thematic review of issues e.g.:** |
| * 3 most recent allegations
* 3 most recent completed allegations
* Complex / non recent abuse
* Cases ongoing longer than 6 months
* Partnership working including issues
 | * Training with external agencies
* Notifications to Ofsted / HCPC or other regulatory bodies
* Feedback from agencies
* Feedback from MASMs
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| **Worker support/care/self-e.g.** *What’s worked well in helping you do your work effectively/what has made it more difficult to be effective in your work* * Health and Safety
* Personal, external or organisational issues impacting on work
* Equality and Diversity needs
* Annual Leave, TOIL, sickness
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| **Learning and Development e.g.*** Identifying learning and impact from: Audits, Observations, Training courses, Complaints/compliments
* Identifying individual learning needs, updating PDR
* Team development issues
* Linking to professional qualifications of worker, e.g. Social Work Knowledge and Skills Statements if appropriate

Review impact on practice from group supervision/case mapping sessions attended since last supervision |
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| **Any other business** |
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*The above notes represent the discussion as recorded by the Supervisor. If there are any errors and omissions, please raise at the next session.*

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| **Signature of Supervisor** |  |
| **Signature of Supervisee** |  |
| **Date of next session** |  |

Document last reviewed: November 2023

Reviewed by: Kasey Senior – Service Manager, Practice Standards

Next review date: June 2024